

# CLAIMS ONLY

Application Number

10-617451

Filing Date

Applicant(s)

CLAIMS

AS FILED

AFTER FIRST  
AMENDMENT

AFTER SECOND  
AMENDMENT

\* May be used for additional claims or amendments

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

Indep

Depend

1

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3

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46

47

48

49

50

Total

Indep

Total

Depend

Total

Claims

53

54

55

56

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58

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73

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98

99

100

Total

Indep

Total

Depend

Total

Claims